

LINCOLN OFFICE  
SUITE 500  
301 SOUTH 13TH STREET  
LINCOLN, NEBRASKA 68508-2578  
TELEPHONE 402-437-8500  
FAX 402-437-8558

WOODS & AITKEN  
L \* L \* P

DENVER OFFICE  
SUITE 525  
8055 EAST TUFTS AVENUE  
DENVER, COLORADO 80237-2835  
TELEPHONE 303-606-6700  
FAX 303-606-6701

OMAHA OFFICE  
SUITE 525  
10250 REGENCY CIRCLE  
OMAHA, NEBRASKA 68114-3754  
TELEPHONE 402-898-7400  
FAX 402-898-7401

THOMAS J. MOORMAN  
DIRECT: (202) 944-9502  
EMAIL: TMOORMAN@WOODSAITKEN.COM  
WWW.WOODSAITKEN.COM  
*ADMITTED TO PRACTICE ONLY IN THE DISTRICT OF COLUMBIA*

WASHINGTON OFFICE  
SUITE 310  
5151 WISCONSIN AVENUE, N.W.  
WASHINGTON, D.C. 20016-4124  
TELEPHONE 202-944-9500  
FAX 202-944-9501

PLEASE RESPOND TO WASHINGTON ADDRESS

May 22, 2017

***FILED VIA ECFS***

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW, Room TW-B204  
Washington, DC 20554

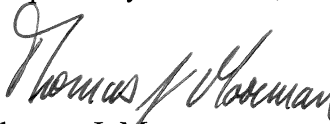
Re: WC Docket No. 16-233  
FCC Form 395  
Common Carrier Annual Employment Report  
Piedmont Rural Telephone Cooperative, Inc.

Dear Ms. Dortch:

On behalf of Piedmont Rural Telephone Cooperative, Inc. (the "Company"),  
attached for filing please find the Company's FCC Form 395 -- Common Carrier Annual  
Employment Report.

Should you have any questions concerning this matter, please contact this office.

Respectfully submitted,

  
Thomas J. Moorman

Attachment

FCC 395

FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

Approved by OMB

3080-0076

Est. time per response:  
1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

## SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Piedmont Rural Telephone Cooperative, Inc.  
P O Box 249, 201 Anderson Drive  
Laurens, SC 29360☐ Check here if this  
is a change of  
address.

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay  
Period Covered by Report)  
March 23, 20174. Number of Full-Time Employees during Selected  
Reporting Period (check one):  
a. ☐ Fewer than 16 (complete Sections I, IV, and V only)  
b. ☒ 16 or more (complete all sections)

## SECTION II - Full-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)																	
	Race/Ethnicity																	
	Hispanic or Latino		Not-Hispanic or Latino															Total Columns A - N
			Male							Female								
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races				
Executive/Senior Level Officials and Managers	1.1		1						2								3	
First/Mid-Level Officials and Managers	1.2		4						1								5	
Professionals	2								2	1							3	
Technicians	3		10														10	
Sales Workers	4																0	
Administrative Support Workers	5								4	2							6	
Craft Workers	6		9	2													11	
Operatives	7																0	
Laborers and Helpers	8																0	
Service Workers	9			1													1	
TOTAL	10	0	24	3	0	0	0	0	9	3	0	0	0	0			39	
PREVIOUS YEAR TOTAL	11		24	3					10	3							40	

## SECTION III - Part-Time Employees.

**Number of Employees**  
(Report employees in only one category)

Race/Ethnicity

Categories	Hispanic or Latino														Not-Hispanic or Latino														Total Columns A - N
	Male														Female														
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races															
Executive/Senior Level Officials and Managers	1.1																0												
First/Mid-Level Officials and Managers	1.2																0												
Professionals	2																0												
Technicians	3																0												
Sales Workers	4																0												
Administrative Support Workers	5																0												
Craft Workers	6																0												
Operatives	7																0												
Laborers and Helpers	8																0												
Service Workers	9																0												
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
PREVIOUS YEAR TOTAL	11																0												

## SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

## SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	05/22/2017	Typed or Printed Name of Person Signing	Kara E. Horner	Signature	<i>Kara E. Horner</i>	Telephone No.	(864) 682-3131
Title of Person Signing	Director of Finance/Controller/Officer		WILL FULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).				